NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

77d

07947

CERTIFICATE OF DEATH

Dia N 116

		021(11110)11		Reg. Dist. No	*************
1. PLACE OF DEA	ATH: ester		2. USUAL RESIDENCE (HOME) OF I		
City or town. Thomas (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		State Maryland County Dorchester City or town (If outside city or town limits, write RURAL and give nearest town) Cambridge RFD#3		est town)	
			2.(a) if veteran, name war		
3. (a) FULL NAMI		Beatty		3. (b) Social Security N	umber
malle	5. Color or race white	8.(a)Single, married, widowed, or divorced single	MEDICAL CER		about
			21. I CERTIFY that death occurred on the date above	siated; that t aftended decease, io	sed from
7. Birth date of deceased (mo., day,)		3, 1904	and that I lasf saw halive nn		
8. AGE: Years 48- 4/	2 11	Days If less than one day 19 min.	Alcoholism (Chr	onic)	severa
9. Birihpiace. Oil City, Pa. (Town, county, and state)		Due to Had drank in excessive amounts almost continuously			
44 Industry or hunlans	Rose		Due to during the last	6-7 weeks.	***************************************
12. Name E	. C. Bea	tty	Other conditions		
14. Maiden name Ida Holm Pa 15. Birthplace			(Include pregnancy within 3 mor		
	mily rec	4	Antopsy results		
Cemetery or cremato	ry Rose	Pale thereof Sept. 25, 19 Hill Pa. Funeral Service ge, Maryland.	Accident, suicide, or homicide	s, fill in the following; Date of	(State)

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SEP 25 1947

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2411 N. Charles St., Baltimore

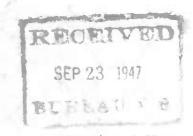
07948 Reg. Dist. No. 113

CERTIFICATE OF DEATH

1. PLACE OF DEATH County County County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write KURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jack Cleary	
2. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 4 4 7 21 12:55
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
T. Birth date of deceased (mo., day, yr.)	and that last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION / day
9. Birthplace (Nown, county, and state) 10. Usual occupation oresident complete.	Due to Carcinoma of lung.
11. Industry or business	JUG 10
12. Name Alagara	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name don't know	Major findings af operations.
2 - I - la - la - la	Date of op
16. Informant	Autopsy results
Address Ourney 9/2/47	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burish, cremation, or removal Which?) Dale thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, tarm, industry, public place (where?) Means of trivry Injured at work?
18. Funeral director	MERCIA UL USUTY TENDENCE OF MUNICIPAL CO.
Address Carl how Market.	23 SIGNATURE autrence Manyanor
10 Tell. 21 10 47 Elisabeth Dr. 6 e	all- 136 Race St., M.D. or other 9/19/4

FOR BINDING

RESERVED



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. // C

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street addrees where death focurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother) State Couply City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME una la Coates	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorged Married White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1947 214304
8.(b) Name of husband or wife Chas, F. Coales	21. I CERTIFY that death occurred on the date above elated: that satisfied deceased from
7. 8irth date of deceased (mo., day, yr.) 3. 8irth date of deceased (mo., day, yr.) 3. 8irth date of deceased (mo., day, yr.)	and that I last saw h. C.R. alive on 9/23
8. AGE: Years Months Daye If lees than one day	Jumpediais cause of death DURATION
59 7 11 hre min	(net tatio)
9. Birthplace (Cown, county, and state)	Due 10. Metotonis from:
1D. Usual occupation	Due 10.
11. Industry or business	
12. Name. Note of Courtopie	Dther conditions
14. Malden name Sca a Marstull 15. Birthplace	(Include pregnancy within 3 months of death)
5 15 Sighthalass	Major findings of operations
TADE IN 10 PAO RADERCH	- Date of op.
16. Informan1	Autopsy results
Address Liller Add na	7 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal: Whigh?) A Bate thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or renderal: Whith?) Cemetery of cremitory	Where did injury occur? (City or town) (County) (State)
location Costnew market, ma	Injured at home, tarm, Industry, public place (where?)
Low Eth R. Showing	Meene of Injury Injured a1 work?
18. Funeral director	My Courses
. 0	23. SIGNATURE M. Portother
19. 5-26-19 T John Marsh 19 (Date rec'd by registrar)	Addrees Senorial Date signed

WRITE, PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carriest age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

RECEIVED SEP 29 1947 RESERVED FOR BINDING

MARGIN

PLEASE

VS A:15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07950

CERTIFICATE OF DEATH

Reg. Diat. No. 110

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Darchester			
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Dorchester City of town Hulock - Rusal		
How long in above place of death?	City or town. Huland - Runal (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Harrison Ferry		
Havien Ferry	(If rural, Five LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
R. Herman Conway	Kone		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Mite Single	20. DATE OF DEATH September 2" 19.47 Egi 62.0		
6.(b) Name of husband or wite	207 I CERTIFY Wat death occurred on the date above stated: that I aftended deceased from		
	Saw horus my a fitte judg & ly 184		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) September 25, 1874	Immediate cause of death my a landilis DURATION		
8. AGE: Years Months Days If less than one day	and anyamia,		
72 // 7hrsmin.			
9. Birthojace Dorchester Country Maryland	Due to Cora fer mush ment		
(Town, county, and state)	+ Gresslar tralecto,		
10. Usual occupation	Due to.		
11. Industry or business Jan			
× 1 0			
	Other conditions		
13. Birthplace Dorchester Country Maryland	(Include pregnancy within 3 months of death)		
E 14. Maiden name Anne L. Madford	Major fieldings of sperghous		
14. Maiden name Junie L. Medford 15. Birthplace Dorchester County Wayland	Dafe of op.		
16, interment Miss Gila M. Conway	Autopsy results.		
	PHYSICIAN: Pfease underline the caose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, flil in the following:		
(Burial, cremation, or removal, Which?) Date thereof September 4 1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. St. Paul Centery	Where did Injury Occur?		
Location Year Hieliansburg, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director J. A. Frampton End Son	Means of Injury tnjured at work?		
Address & Levalsburg haryland	& G.Fra		
Della Della	23. SIGNATURE. M. D. or other		
19. Opto see'd by registrar) (Date see'd by registrar) (Date see'd by registrar)	Address Handack md Date stone State 4-4		



Chief Control Charles and Charles and Charles

CERTIFICATE OF DEATH

Reg. Dist. No.

116

age correct of information carefully. The corres of death clearly and legibly. - MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

How long in above place of death?

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Suj	leas
L.	Q
INK	ans:
CON	sicis
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E	ıţ.
Þ	rtar
E	poi
WI	imi
Y,	ally
K	ecis
LAI	esp
Ы	13

PLEASE WRITE

M Cob. 6.(b) Name of husband or wife 21. I CERTIFY that death occur 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day 5.3 hrs. min. 9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co.	FDICA for an the
Thomas Davis 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M COL. 6.(b) Name of husband or wife 20. DATE OF DEATH 21. I CERTIFY that death occur 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day 5.3 Mooths Days If less than one day 9. Birthplace North Canalina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co. 120. DATE OF DEATH 22. 20. DATE OF DEATH 21. I CERTIFY that death occur 21. I CERTIFY that death occur 20. DATE OF DEATH 22. 20. DATE OF DEATH 22. 21. I CERTIFY that death occur and that I lest saw h. Immediate cause of death 22. Authority of Due to Lawy force Due to Lawy force 11. Industry or business Phillips Packing Co.	rred on the
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M COD. 6.(b) Name of husband or wife 21. I CERTIFY that death occur 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days if less than one day 5.3 In min. 9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co. 20. DATE OF DEATH 1. A 21. I CERTIFY that death occur 21. I CERTIFY that death occur 22. DATE OF DEATH 1. A 22. I I CERTIFY that death occur 23. Date Of DEATH 1. A 22. I I CERTIFY that death occur 24. I CERTIFY that death occur 25. Birthplace 1. Application of the county of the county occurs of the county of the county occurs of the county occurs occurs of the county occurs occurs of the county occurs	rred on the
M Coh. 6.(b) Name of husband or wife 6.(c) If allive, give age years deceased (mo., day, yr.) 8. AGE: Years Mooths Days if less than one day 53 hrs. min. 9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co.	rred on the
7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Mooths Days If less than one day 5. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co.	alive on
7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Mooths Days If less than one day 5.3 hrs. min. 9. Birthplace	alive on
8. AGE: Years Mooths Days If less than one day 53 hrs. min. 9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co. Uku rid.	
9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Phillips Packing Co Uku Nid	0
(Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business Phillips Packing Co.	1 h
11. Industry or business Phillips Packing Co. W. Nid.	ul
	ude
	-vb
12. Name Thomas Whittfield Ciher conditions	٥
12. Name. Thomas Whittfield Other conditions 13. Birthplace North Carolina	
14. Malden name. Martha Davis (Include pre	
North Carolina Major findings of operations.	
18. informati Autopsy results	
Address 22. VIOLENCE: If death was	due to ext
(Burlal, cremation, or remoyal Which?) Bate thereot. (month) (day) (year) Accident, suicide, or homicide.	acc
Complery or crematory AUQUL Abulleth Where did injury occur? W.	. Jr
Location Camberridal Injured at home, farm, lodystr	ry, public :
Class & Line and Means of Injury Mesto	air
18. Funeral director Address Candelin dad	. /
9/30/1/3 De man 20 203. SIGNATURE	
19. (Date rec'd by registrar) Registrar Address. MASTO	N

ge CMary land nd rown limits, write RUKAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother) Dorchester Lane, give LOCATION) War 3. (b) Social Security Number CERTIFICATION te above stated: that I attended deceased to

in 8 months of death)

to which death should be charged statistically.

at causes. filt to the following:

injured at work?

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SEP 29 1947 BURLACES

2411 N. Charles St., Baltimore

	CERTIFICAT	TE OF DEATH Reg. Diat. No	1/6
1. PLACE OF DEATH: County Dorchester City or town (If outside city or town limits, write thow long in above place of death? 1 month thospital, institution, or street address where death occu Eastern Shore State Hosp thospital or institution? 1 month	e RURAL and give nearest town) - 15 days rred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryland County Cambridge (If outside city or town limits, write RURAL and give ne Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	areat town)
3. (a) FULL NAME Cora Gore		3. (b) Social Security	Number
	ingle, married, widowed, or divorced	and that I last saw her alive on September 2, 19 4/2 Immediate cause of death Bronchied Pneumonia. DURATION	
6.(b) Name of husband or wite. William Go 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days 51 8 25 9. Birlhplace Andrews, Dorcheste (Town, county, a	6.(c) If alive, give age		
10. Usual occupation Housewife 11. Industry or business 12. Name. Charles Abbott		Due to	
12. Name Charles Abbott 13. Birthplace Deal's Island, 14. Maiden name Mary Jane Will 15. Birthplace Andrews, Dorches 16. Informant Eastern Shore State	Dor. Co., Maryland		
16. Informant Eastern Shore State	Hospital Records		
17. burial Date (Burial, cremation, or removal, Which?) Cemetery or crematory. Hart Ceme	hereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Andrews, Md. 18. Funeral director Le Compte Fun Cambridge, Mc Address 19. 9-3-19-42	neral Service	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	Mel)

MARGIN RESERVED FOR BINDING

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BUREAU & 8

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly an

MARYLAND STATE DEPARTMENT OF HEALTH

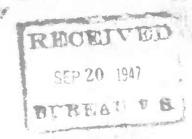
2411 N. Charles St., Baftimore

07953

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County Dorchester City or town Rural-Woolfords (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years Hospital, institution, or street address where death occurred: Woolfords How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate Maryland Court City or town Rural-Woolfo (If outside city or town limits street No. Woolfords (If rural, give 2.(a) If veteran, name war.	nother) Dorchester rds , write RURAL and give nearest town)	
3. (a) FULL NA!		lip James Higgins		3. (b) Social Security Number	
4. Sex Male	5. Color or race 6.0	a)Single, married, widowed, or divorced Married	MEDICAL CE	RTIFICATION er 17, 1947 , 5:50A	A. M
6.(b) Name of husbar 7. Birth date of deceased (mo., da)	Camb 37	6.(c) If alive, give age 48 years	21. I JERTIFY that death occurred on the date about 19		<u>)</u>
8. AGE: Yes 50		ays It less than one dayhrsmin.	Prairy Tumo	obe ?	
1D. Usual occupation 11. Industry or busin 12. Name		3	Other conditions (Include pregnancy within 3 m	no(ths of death)	
	s. Margaret		Antopsy results	ich death should be charged statistically,	_
17	on, or removat, Which?) atory Dorchester mbridge, Mar	ate thereof Sept. 20. 194 (month) (day) (year) Memorial Park ryla nd Funeral Service ryland.	Accident, suicide, or homicide	(County) (State)	7



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /3/a

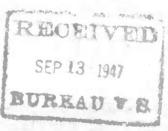
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

116

1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland	mother)
Cliy or town Cambridge (If outside city or town limits, write RURAL and give nearest town)			Comband days	uoty Dorchester
How long in above place of	of death?	rear's	(If outside city or town limit	s, write RURAL and give nearest town)
Hoepital, Institution, or s	street addrees where d	eath occurred;		t.
				e LOCATION)
How long in hospital or			2.(a) If veteran, name war	
3. (a) FULL NAME		lliam H. H. Hubbard		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Widowed	2D. DATE OF DEATH	ept. 9, 1947 , 4:30A
6.(b) Name of husband or wife Nannie Seward Died 3/9/1915 6.(c) If alive, give age			21. I CERTIFY that death occurred on the date ab	ove etated; that I attended deceased from 4.7, to 4.7, to 19.4.7
8. AGE: Years 73	Months 3	Days tf leee than one day 21	arenna	
9. Birthplace Frd # 3, Cambridge, Maryland. (Town, county, and state) 10. Ueual occupation. Carpenter			Due to. Arlen's ocleral	ie hephales unknow
11 Industry or husiness	Buildin	g	Due to. Arterio see	The H. D unknow
11. Industry or business Building			Other conditions	
Nichholace	Jarvland			
X	Angelina	Thomas	(Include pregnancy within 3	
14. Malden name	forml and		Major fiediogs of operations	
≥1 t5. Birthplace I	Dormond	W Wnight	-	
18. Informant IVII'S	Raymone	W. Wright	PHYSICIAN: Please onderline the caose to w	
	oridge, N		22 VIOLENCE. If death was due to external ca	
Burial (Burial, cremation,	7771.1	Date thereof Sept. 11, 194	Accident, suicide, or homicide	
(Burial, cremation,	Christ	Church Cemetery	Where did injury occur?(City or town)	
Combridge, Maryland			Injured at home, farm, Industry, public place (1	
		s Funeral Service	Meane of Injury	Injured at work?
		Maryland.		
7,44,000			23. SIGNATURE	M. D. or other
19.	19.4.7	John Mace of ma	136 Ruse A.	Date signed 9/10/4

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H:		E-63	2. USUAL RESIDENCE	(HOME) OF DECEASED:	
County Dorchester Cambridge				State Maryland County Dorchester		
Cliy or town Cambridge (If outside city or town limits, write RURAL and give nearest town)		Camboni	1 3			
How long in above place of	death?	Ө		(11 outside	city or town limits, write RURAL and give ne	arest town)
Hospital, Institution, or str		death occurre	d;	Street No. 136 Lo	ocust St.	
				(If rural, give LOCATION)		
How long in hospital or in	stitution?		······································	2.(a) It veteran, name war		
3. (a) FULL NAME	Char	cles I	inthicum Lewis		3. (b) Social Security 218-24 - 4	
	. Color or race		le, married, widowed, or divorced	N	IEDICAL CERTIFICATION	
Male	White	. S	single	20. DATE OF DEATH	Sept. 6, 19 47	, 9:30P
6.(b) Name of husband or					rred on the date above stated; that I attended dece	
						19
7. Birth date of	353-		c) If allive, give ageyears	and that I last saw h	alive on	19
deceased (mo., day, yr.)	March	440	.301	Immediate cause of death		OURATION
8. AGE: Years 16	Months	Days 12				
7.0	5	12	hrs min.		hock	
		Dor.	Co., Maryland.	Due to	foreg of table of	
1D. Usual occupation				Due to.	cuer.	
11. Industry or business	3 a T 1	i ami a	T			
12. Name Mori		PAMTS .	nr.	Other conditions		***************************************
2 13. Birthplace M8				(Include pr	egnancy within 3 months of death)	
H 14. Maiden name	lary Flo	emming		Major findings of operations		
14. Maiden name	ryland				Oate of op.	
Mr.	Morris	T. Te	wis, Jr.	Autopsy respits		
Address Camb					ne the cause to which death should he charged	statistically.
				22. VIOLENCE: It death was	s due to external causes, fill in the tollowing;	
Burial (Burial, cremation, o	removei Which	Date the	(month) (day) (year)	Accident, suicide, or homicide	accident Date of D	1. 6/4
Contact, cremation, o	Dorches	ster N		Where did injury occur??	(City or town) (County)	ma
Cemetery or crematory Dorchester Memorial Park				Induced at home days to duch	ry, public place (where?)	e t
200011011 11111111111111111111111111111					tomobile injured at work?	Mr
			eral Service	A . I	TV FFEE I VAL	
Address Camb	ridge,	Maryl	and.	10. 77.	Shring Ad W.	Colom.
19 Sept 9	- 19 47	fo	hu Mee h >	23, STGHATORE	M. D. M. D. Date signed	or other

RESERVED FOR BINDING MARGIN WITH UNFADING INK. Supply every item of information carefully the correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially PLEASE A15



2411 N. Charles St., Baltimore

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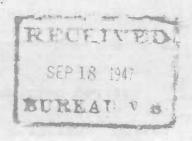
TE OF DEATH	H	Reg. Dist. No	
2. USUAL RESIDENCE (For newborn infants State Maryland City or town Secr (If outside Street No. X 2.(a) If veteras, name war	city or town limits, v	Dorche (Rural vrite RURAL and giv	1)
II N	MEDICAL CER	TIFICATION	
20. DATE OF DEATH Se	irred on the date above	stated; that I attended	deceased from
and that I last saw h X Immediate cause of death	Haemorrh	age	DURATION 4 hrs.
Other conditions			
Major findings of operations.			
22. VIOLENCE: If death was Accident, suicide, or homicide. Where did injury occur?	due to external causes, (City or town)	fill in the following; Oate of (County)	

Md.

Injured at work?

Oate signed Sep. 16/47

1. PLACE OF DE				2. USUAL RESIDENCE (HC
County Do	State Maryland			
City or fown(If c	Secrets	imits, write l	(Rural) RURAL and give nearest town)	Saamata
How long in above place	of death?	Jour E	year.	City or town Secrets
Nospilai, Institution, or				Street No. X
			***************************************	7 Tair
How long in hospital or	Institution?			. 2.(a) If veteran, name war
3. (a) FULL NAM				
	Marcu	ım Jo	seph Mackente	00
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDI
male	white	ms	rried	
				20. DATE OF DEATH Septe
6.(b) Name of husband	or wife. GWer	rdell	Smith	21. I CERTIFY that death occurred on
	90099000000000	6.(c) If alive, give age	X X
7. Birth date of deceased (mo., day, y		h 11,		and that I last saw halive o
8. AGE: Years		Days	If less than one day	Immediate cause of death
60) 6	5	hrs min.	Нас
	Mannaga	+ -		
9. Birthplace	(Town,	county, and	state)	Due to Ulcer of
10. Usual occupation	Retire	d nav	y man	•••••••••••••••
11. Industry or business	77 0			Que fo
			tee	
			(<u>v.v.c</u>	Other conditions
13. Birthplace	Minnes			(Include pregnanc
	Teres	a	***************************************	Major findings of operations
15. Birthplace	Mi	nneso	ta	Major naungs of operations
	Marcum J	.Mack	entee	Autopsy results.
				PHYSICIAN: Please underline the
1/2 ,	cretary,	IVIO	1. deht 10 1911-	22. VIOLENCE: If death was due to
(Burial, cremation,	or removal. Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator	Von ma	eler	1	Where did injury occur?(City
(1	1//	7		
Location	12	7/6	10- 0- 0111	Injured at home, farm, industry, publi
19. Funeral director	7.1.601	/ fill	loug July	Means of Injury
Address & &	st he	W YI	Janket.	Jos. H St
8-11	/	£ 1-1	1.11011	23. SIGNATURE
(Date rec'd by reg	0 19 47	fleggs	Registrar	Address Cambridge,



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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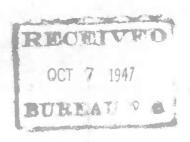
2 HISHAL DESIDENCE (HOME) OF DECEASED.

07957

Reg Dist No. 110

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Dorchette	State Maryland County Donchester
City or town	
(If outside easy of town mails, write NORAL and give hearest town)	(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Petersburg
Peterstug	(If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Josephine Matthewa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	20. DATE DE DEATH Septented 20 19.47 at 11:30 P.
6.(6) Name of husband or wife. Daniel J. Matthews 5.(c) If alive, give age. years 7. Birth date of deceased (mo., day, yr.) April 17, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. The state of th
8. AGE: Years Months Days If less than one day	Immydiate cause of death DURATION DURATION 2 day
74 5 3hrsmin.	LEFT.
9. Birthplace Dorchester Courty Maryland (Town, county) and state)	Due to CEREBRAL ARTERIOSCIEROSIS 9
1D. Usual occupation	Due to HYPERTENSINE CARDIO-
4/	Due to UASCELAR DISCASO
11. Industry of business	
12. Name fanes folley	Diher conditions
12. Name James Jolley 13. Birtholace Dorchester Churty Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Sampson 15. Birthplace Dolchester County Maryland	Major findings of operations.
4. //	Date of op.
16. Informant Mrs. Neb-ter Jelley	Autopay results
Address tederalsburg maryland	
17. Burial Date thereof Seat make 24 1947 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Petersburg Contany	Where did Injury occur?
Location Near Herbock maryland	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director for for Framptonial and long	01/200
Address Federalsburg Maryland	23. SIGNATUSE
18 Sept 2 4 Chash Heshing	Address Cambridge md Date signed 3/4



07958

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cambridge (If outside city or Swn limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streel address where death occurred: Eastern Shore State Hospital How long in hospital or institution? 2 months - 4 days	State Maryland County Somerset City or town Lawsonia District (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it veteran, name war	
3.(a) FULL NAME Minerva Miles	3. (b) Social Security Number	
4. sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATHSeptember 22, 19.445	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from July 18, 19.47 to September 22.39.4 and that I last saw h. er alive on September 22, 19.4	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
9. Birthplace	Due to. Senility Due to.	
12. Name John H. Miles 13. Birthplace Somerset County, Maryland	Other conditions Senile Psychosis (Include pregnancy within 3 months of death) Major fieldings of operations	
14. Maiden name	Major fiedings of operations.	
Address Cambridge, Maryland 17. Burial Date thereof. Sept. 24,1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Sunny Ridge Crisfield, Md. Location Hubbard & Covington 18. Funeral director	PHYSICIAN: Please moderline the caose to which death shoold be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Address Main St. Crisfield, Md. 19. Sept. 26 1947 Janice Espires	23. SIGNATURE M. D. or other Address Date signed	

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2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No. //6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Vendall Charles M	20 (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION Stoat 20. DATE OF DEATH 25 19 47 21 8 A
6.(b) Name of husband or wife	Immediate cause of death Could gut ma Senista DURATION On what he to have a function
9. Birthplace (Town county, and state) 10. Usual occupation (Town county, and state) 11. Industry or business, 12. Name (Lind) 13. Birthplace	Due to the Man was a supplied to the supplied
13. Birthplace 14. Malden name Aslatta Maloria 16. Informant Aslatta Maloria	(Include preschancy within 3 months of death) Major findings of operations. Date of op.
Address Cambridge Ma R.F. #2 17. Call Control of Pate thereof State (mogth) (day) (year) Cometery or crematory Marie Betafilla Location Medly Cambridge Location	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Lesses H. Bayneline Address Camberd ge mil	Means of Injury Injured at work? 23 STENATURE II Shrive Del Med Grow

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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John maco 9/26 19 47 (Date rec'd by registrar) Registrar

Address Cambrida -

M. D. or other . Date signed



2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

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CERTIFICA	Reg. Dist. No.	······································
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Somerset	7 6 16
City or town (If outside city or town limits, write RURAL and give nearest town)	State County	
(If outside city or town limits, write RURAL and give nearest town)	City or town Princess Anne (If outside city or town limits, write RURAL and give nearest	
How long in above place of death? 1 month - 21 days Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest	town)
Eastern Shore State Hospital	Street No	7
How long in hospitat or institution? 1 month 21 days		
3. (a) FULL NAME	3. (b) Social Security Num	
Roberta C. Morris	J. (0) Buttar betarry stam	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH September 21, 19 47	10:00
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that t attended deceased	19m 17
	10 41	197
7. Right date of	and that I last saw halive onalive	19
deceased (mo., day, yr.) September 8, 1894	Immediate cause of death	DURATION
o. Aug.	Broncho-pneumonia	
	-	**************
9. Birthplace Princess Anne, Somerset County, Maryl (Town, county, end state)	ende to	
1D. Usual occupation		
	uue to	
11, Industry or business		
置 12. Name	Dther conditions Congestitude 144505	
12. Name	(Include pregnency within 3 months of death)	
14. Maiden name Clara Cofonna	Major fiedings of operations	
O Complex Postwille Vincinia		
14. Malden name Clara Cofonna 15. Sirthplace Eastville, Virginia 16. Interment Eastern Shore State Hospital Records		
	Actorsy results	
Address Cambridge, Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following:	-
(Burtal, remation, or removal, Which?) Date thereof 1 (month) (day) (year)	22. VIOLENCE: it death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal, Which!) (month) (day) (year)		
Cemetery or crematory Manakem	Where did injury occur?	ate)
Location Princes anne	Injured at home, farm, Industry, public place (where?)	
		4.6
18. Funeral director Manuals		1)
Address frencett anne	- July Marine	Month
	23. SIGNATURE M. D. or ot	ner
19 do 19 4 2 John Marie (gistrar)	Address	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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11	1	14	FA.	-8
U	-	27	V	4

Reg. Diat. No. 116

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For now born infants give residence of mother).
County	VY And South Was addanted
(If outside city or town limits, write RUSAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death accurred:	101 Charles M.
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veteran, name war.
3. (a) FULL NAME	
Margaret X. My	3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale while Widowed	20. DATE OF DEATH DEJOT 6 19 1 3 A M
6.(6) Name of husband or wife. G-Warren Municipal States of the states o	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	1,
1. Birth date of deceased (mo., day, yr.) Lee 29, 1853	and that last saw h
8. AGE: Years Months Days If less than one day	Immediais cause of death OURATION
91 8 7min.	Themous again Danning I with
Baltin Ara M. A.	1 200
9. 8irthplace	Due to.
The comme	Davie
10. Usual occupation	Oue to
11. Industry or business	
12. Name	Other conditions.
\$ 13. Birthplace	<u> </u>
14. Maiden name Clinabeth and Withel	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Date of op
16. Informant luxuhella ll. Mulley	Antopsy results
Address 105 Locus Quelricket	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 a-c-U11	22. VIOLENCE: if death was due to external causes, till in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (ony) (year)	Accident, suicide, or homicide
a Ulinial Currell	Where did injury occur?
Cemetery of crematory	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Christian Al Stromas	Means of Injury Injured at work?
la l	a 11 11. 20 1
Address	23. SIGHATURETO. 19. Thure. M. J.
10 Lept 8. 10 47 John maces m	M. D. or other
(Date rec'd by registrar)	Address Cambridge - MA Date signed left by 14.7

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

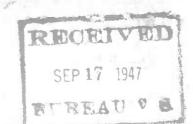
Reg.	Diat.	No.	116

1. PLACE_OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Dorchester	
Cliy or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Worcester
How long in above place of death? 9 months 3 days	City or town. Snow Hill (If outside city or town fimits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	a alcoown
Eastern Shore State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 9 months 3 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wilton Mers	unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH September 12 ts 47 21 8:00 A
6.(b) Name of husband or wifeunknown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	December 8 19 46 10 September 129 47
7. Birth date of	and that I last saw h. imative on September 12
deceased (mo., day, yr.) unknown	Immediate cause of death
8. AGE: Years Months Days if less than one day	Arteriosclerotic cardiovascular
70 ? unknownhrs.	min. disease
9. Birthplace	Due to.
10. Usuat occupation unknown	Due 10
11, Industry or business unknown	
E 12 Name Uni	Other conditions.
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
₹ 15. Birthplace	Date of op.
16. Informan Eastern Shore State Hospital Records	Actopsy results
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?) Bate thereof, Sept. 14. 1. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Eastern Shore Hospital Cen	
Location Cambridge, Maryland	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director LeCompte Funeral Service	
Address Cambridge, Maryland.	23 SIGNATURE CONSTITUTION OF THE STATE OF TH
19. 9-13-1947 Jale Mace 5 >	23. SIGNATURE Grace M. Brandy one, M. D. or other
(Date rec'd by registrar) Regis	Strar Address Eastern Shore State Hospital signed 9-12-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County Dorchester City or lown Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: 306 Springfield Ave. How long in hospilal or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Dorchester Cambridge City or town (If outside city or town limits, write RURAL and give nearest town) Sireel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Tony Parella	3. (b) Social Security Number
Male S. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 27, 19, 47, 21, 4:45A
6.(b) Name of husband or wife Gertie Elzey 6.(c) If alive, give age 57 years 7. Birth date of deceased (mo., day, yr.) Feb. 7, 1887.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than one day 20	Due to providual as through
E 12. Name Anthony Parella 13. Birthplace Italy	Diher conditions (Include pregnancy within 3 months of death)
14: Malden name Not Known 15: Birthplace II II 16. Intermant Mrs. Gertie Parella	Major fiediogs of operations. Date of op. Actorsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address Cambridge, Maryland Burial Burial Burial Burial Bate thereo Sept. 29, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Dorchester Memorial Park Location Cambridge, Maryland	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director LeCompte's Funeral Service	Means of injury Injured at work?
Cambridge, Maryland.	- mary



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

, Dist No. 116

			02111111011		Reg. Dist. No.	********
How long in above place Hospital, institution, or	nester nbridge utside city or town i ot death? 4 street address where noptank institution?	imits, write in 2 Year death occurred Ave.		City or town. Cambridge (If outside city or town in Street No. 411 Chopts	County Dorchester	1)
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL.	CERTIFICATION	
Male	White	Ma	arried		ember 14 , 47 ,2:	30P
7. Birth date of deceased (mo., day, y	April		c) It alive, give age	and that I last saw h and alive on	.19.4.7	19.4.5 19.4.5 TRATION
10. Usual occupation 11. Industry or business 12. Name. Let	Painter Painter	c	hrs. min. aryland state)	Due to Du	grazitation -	sun.
t4. Maiden name 15. Birthplace	Hester 1 Maryland	Richa	dson	(Include pregnancy within	Date of op.	
16. Informant	Bession Bridge,	v	Richardson and	Autopsy results PHYSICIAN: Please ouderline the cause to	which death should be charged statistical	ly.
Cemetery or cremato		ster 1	reof Sept. 16, 194 (month) (day) (year) Memorial Park	Accident, suicide, or homicide	vn) (County) (State)	
Location Cambridge, Maryland				Injured at home, tarm, Industry, public place	(where?)	
	bridge,	Mary]	and. Mare Juma. Registrar	23. SIGNATURE COLLEGE	M, D. or other	5

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07965

CERTIFICATE OF DEATH

Reg. Dist. No. // C

1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cambridge (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Dorchester	
How long in above place of death? 3 meeks	City or town	
Hospital, institution, or street address where death occurred:	XXet No. XX	
Cambridge-Maryland Hospital	(If rural, give LOCATION)	
How long to hospital or institution?	2.(a) tf veteran, name war	
3.(a) FULL NAME Samuel Smith	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
male colored unknown	20. DATE DF DEATH Sept. 4. 1947 at 9-4P m	
so far no family history 6.(b) Name of husband or wife is obtainable	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X X 19 19 19	
7. 8irth date of S. C. Trailve, give age	and that I look now h X allow as X X	
deceased (mo., day, yr.) ? Dec. 25, 1866 from facto: 8. AGE: Years Months Days If less than one day	Tmmediate cause of death	
2 80 8 10	Exhaustion -	
nin.	following Fractures of both 23	
9. Birthplace	Due to lower legs:all ribs except days	
10. Usuat occupation laborer	the upper ones, followed by a	
11. industry or business Varied	Due to Pneumo-Thorax; Fracture of	
	Skull with a persistent loss	
12. Name unknown	Other consciousness almost complete.	
14. Malden name Unknown	(Include pregnancy within 3 months of death)	
I S Helphage	Major findings of operations	
	Date of op.	
16. Informant Hospital Records	Autopsy results	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burial, cremation, or removal. Which?) Date thereof. 9-9-17 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur? nr. Vienna - Dor. Co. Md. (City or town) (County) (State)	
Location Cambridge ms	tnjured at home, farm, Industry, public place (where?)	
Z R	Meens of Injury automobile Injured at work?	
2	0 0 10	
Address Cambridge Md	23. SIGNATURE 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Date rec'd by registrar)	M/D, or other	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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 Dist	BI.	116

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty City or town (If outside otty or town limits, with RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veleran, name war.
3. (a) FULL NAME Benjamin &, Welle	3.(b) Social Security Number 2/2-/4-4386
4. Sex 5. Color or rac() 6.(a) Singlo, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept 19 1547 312:10 F
6.(6) Namo of husband or wife. Evely Cooke 6.(c) If alive, give age 38 years 7. Birth date of 4 + 19 - 1891	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 19 17 10 19 17 2 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 56 0 0	Immediais cause of death OURATION Myocardial failure / day Due to
1B. Usual occupation	Our to. Olevic replints unhum Other conditions
13. Birthplace of Dan Co.	(Include pregnancy within 3 months of death)
14. Maiden name Sarale a. Marthews 15. Birthplace Dov. Co.	Major fimiliago of operations. Date of op.
Address Cambridge ma	Actopsy results PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, oremation, or removed. Which?) (Burial, oremation, or removed. Which?) (Burial, oremation, or removed. Which?)	Accident, suicide, or homicide
Location Location	Injured at home, tarm, industry, public place (where?)
18. Funeral director described Address and the Address Address	Meens of Injury Injured at work? Anyanov Maryanov
19. 9-2: 18 12 John Mac Ju Registrar	Address/36 Race 14. M. D. or other 9/20/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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SEP 24 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 116 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: County Dorchester (For newborn infants give residence of mother) State Maryland County Dorchester Rural-Robbins Rural-Robbins
(If outside city or town limits, write RURAL and give nearest town) Robbins Hospital, institution, or street address where death occurred: Robbins (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Sarah E. Willey 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Widowed Female White 20. DATE OF DEATH September 17 19 47 at 4:15Pm 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mack Willey 1847 to Sept 5 1947 7. Birth date of May 5. 1855 deceased (mo., day, yr.) Immediate cause al death. DURATION tf less than one day 8. AGE: 62000 92 9. Birthplace Robbins, Bor. Co. Maryland (Town, county, and state) 10. Usuat occupation..... 12. Name. James Ins 12 Name James Insley (Include pregnancy within 3 months of death) 14. Malden name Saram vr. 14. Malden name Sarah Wroten 16 Informant Mr. Campbell Robbins PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Robbins, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Sept. 19, 194 17. Burial (Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... Where did Injury occur?(City or town) Cemetery or crematory Sandy Island Cemetery Robbins, Dor. Co., Maryland Injured at home, farm, Industry, public place (where?) 18. Funeral director LeCompte's Funeral Service Cambridge. Maryland.

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2411 N. Charles St., Baltimore

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leg.	Dist.	No.	

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County October City or town Latt New Plants, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
Emma Victoria Young	3. (b) Social Security Number
Tenale Caloud Snarried, widowed, or divorced	20. DATE OF DEATH SESTEMBEN 15 147 216:30 A
6.(b) Name of husband or wife	21. CENTIFY hat death occurred on the date above stated; that attendendeceased from
7. Birth date of deceased (mo., day, yr.) March 3, 1879	and that I last saw hand alive on 19 mmediate sure of death 19 mmediat
8. AGE: Years Months Days If less than one dayhrs	min. Demorrhage of fower show
9. Birthplace (Town, county, and state)	Due to Commona of Howel 142-
tD. Usual occupation	Due to
12. Name 12.	_ notatale - 2 west
14. Maiden name Early inheft	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthplace Survey January	Autupsy results.
Address East New May 147	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burml, cremation, or removal) Which?) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
Location Legislat Type Disastes M.S.	Injured at home. farm, Industry, public place (where?)
18. Funeral director. J. J. Willaughley	Means of Injury Injured at work?
19 Sept 17 19 47 Fligsbeth Smil	23. SIGNATURE M. D. or other M. D. or other Park Man Date Signed 9 16 4

MARGIN RESERVED FOR BINDING

